

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 1

08175-09

FILED DATE

4-2-04

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
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50						
TOTAL IND.	3					
TOTAL DEP.	27					
TOTAL CLAIMS	30					

	IND		DEP		IND		DEP	
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